



## **COVERED SERVICES**

**NOTE:** The covered services, limitations, and exclusions described in this chapter are global in nature and are listed here to offer general guidance to providers. Specific questions regarding covered services, limitations, and exclusions should be addressed to the AHCCCS Office of Special Programs at (602) 417-4053. Specific coverage information is provided in contract and in the *AHCCCS Medical Policy Manual (AMPM)*, which are available on the AHCCCS Web site at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us).

AHCCCS covers medically necessary allogeneic and autologous bone marrow, heart, heart-lung, lung, cornea, bone graft, kidney, kidney-pancreas, and liver transplantation services and the related immunosuppressant drugs for all AHCCCS recipients except those eligible under the Emergency Services Program. AHCCCS also covers small bowel transplantation for the pediatric population.

The following transplant and transplant-related services are not covered when the transplant procedure itself is not covered by AHCCCS:

- ☒ Artificial or mechanical hearts or xenografts
- ☒ Workups to evaluate the patient as a possible transplant candidate
- ☒ Hospitalization for the above procedures
- ☒ Organ procurement

All other medically necessary, non-experimental services are covered.

## **BILLING REQUIREMENTS**

- ☒ Billing for the acute care hospitalization in which the transplant occurred:
  - ✓ The provider must enter the proper ICD-9 procedure code identifying the transplant procedure in the primary procedure field (Field 67) on the UB-92.



## **BILLING REQUIREMENTS (CONT.)**

- ☒ Billing for the acute care hospitalization in which the transplant occurred (Cont.):

- ✓ The valid ICD-9 procedure codes for covered transplant procedures are:

Lung	33.5	Liver	50.5-50.59
		Intestine	46.97
Heart	37.5	Bone marrow	41.0-41.09
Heart-lung	33.6	Kidney	55.6-55.69
		Pancreas	52.80

AHCCCS contracts with providers to provide covered transplant services to eligible recipients.

- ☒ The contract specifies the inpatient, outpatient, and ancillary services that are included and the payment amount to be received for the services provided.
- ☒ The contract may include all services rendered by the following providers:
  - ✓ Hospitals
    - ☒ Inpatient and outpatient services before, during, and after the transplant
  - ✓ Physicians, surgeons, anesthesiologist, etc.
  - ✓ Laboratory
  - ✓ Pharmacy
  - ✓ Temporary housing
  - ✓ Clinics
    - ☒ Pre- and postoperative office visits
- ☒ The provider must notify the AHCCCS Division of Health Care Management (DHCM) that an AHCCCS recipient requires a transplant procedure.
- ☒ DHCM will negotiate the contract terms with the provider, unless there is a contract in place for the services to be provided.
- ☒ The services included in the terms of the contract shall be submitted to DHCM as separate case stages or as a package.
  - ✓ A transplant stage type is assigned to each transplant case.
  - ✓ Each stage has a set dollar value that determines the payment amount for specific dates of service.



## **BILLING REQUIREMENTS (CONT.)**

- ☒ Services will be reimbursed based on the terms of the contract.
- ☒ DHCM will provide the Claims Department with the payment requirements, including the provider name and number under which claims are to be submitted.
- ☒ DHCM will review the case stage or the package submitted, and the services will be paid according to the terms of the contract.
- ☒ All medically necessary services provided to the transplant recipient that are related to the transplant should be billed using the appropriate diagnosis codes, CPT and HCPCS procedure codes, and revenue codes to meet clean claim status.
- ☒ The claim will automatically pend for medical review for compliance with federal regulations, AHCCCS rules and policies.
- ☒ Physician and other medical services billed on the CMS 1500 claim form are part of the contracted components and will pend for medical review.
- ☒ Fee-for-service transplant packages should be sent to:

AHCCCS Administration  
ATTN: Reinsurance Finance Unit  
Mail Drop 6600  
P.O. Box 1700  
Phoenix, AZ 85002